

CHAPTER 12
SECTION 6.1
ENCLOSURE 1

MILITARY-CIVILIAN HEALTH SERVICES PARTNERSHIP PROGRAM



Department of Defense **INSTRUCTION**

October 22, 198
NUMBER 6010.12

ASD(HA)

SUBJECT: Military-Civilian Health Services Partnership Program

References: (a) DoD Instruction 6010.12, "Joint Health Benefits Delivery Program," January 10, 1983 (hereby canceled)
(b) DoD Instruction 6010.8, "Administration of the Civilian Health and Medical Program of the Uniformed Service (CHAMPUS)," October 24, 1984
(c) DoD Directive 6000.7, "Dissemination of Information on Medical Officers," July 29, 1982
(d) DoD 6010.8-R, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," March 1986, authorized by DoD Instruction 6010.8, October 24, 1984
(e) through (h), see Enclosure 1

A. REISSUANCE AND PURPOSE

This Instruction:

1. Reissues reference (a).

2. Updates procedures to enable the Military Departments to make health care services in their medical treatment facilities (MTFs) more available to health care beneficiaries using the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and, to combine military and civilian health care resources to improve the cost-effectiveness of the DoD health care delivery system.

B. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Organization of the Joint Chiefs of Staff (OJCS), the Unified and Specified Commands, the Inspector General of the Department of Defense (IG, DoD), the Uniformed Services University of the Health Sciences (USUHS), the Defense Agencies, and DoD Field Activities (hereafter referred to collectively as "DoD Components"). The term "Military Services," as used herein, refers to the Army, Navy, Air Force and Marine Corps.

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C. DEFINITIONS

The terms used in this Instruction are defined in [Enclosure 2](#).

D. POLICY

1. It is DoD policy to establish a Military-Civilian Health Services Partnership Program (hereafter called the Partnership Program) to integrate specific health care resources between facilities of the Uniformed Services and providers in the civilian health care community. It allows CHAMPUS beneficiaries to receive inpatient care and outpatient services through the CHAMPUS program from civilian personnel providing health care services in MTFs and from uniformed service professional providers in civilian facilities. This policy applies when the MTF is unable to provide sufficient health care services for CHAMPUS beneficiaries through the MTF's own resources.

2. Under this policy:

a. The DoD health care delivery system can operate more efficiently by using the CHAMPUS program to supplement the MTF rather than disengaging the patient to CHAMPUS, the more costly health care component.

b. Health care resources eligible for use under the Partnership Program include providers, support personnel, equipment, and supplies.

c. Charges that accrue to all CHAMPUS beneficiaries for care from a civilian health care provider in the MTF shall be the same as those for MTF patients under the care of a military health care provider (10 U.S.C. 1096(c)), reference (e).

E. RESPONSIBILITIES

1. The Secretaries of the Military Departments shall:

a. Encourage MTF Commanders and their staffs to implement the Partnership Program in their facilities.

b. Educate MTF Commanders and their staffs, beneficiaries, and interested civilian health care personnel about the Partnership Program with the assistance of OCHAMPUS as appropriate.

c. Monitor the savings accrued by using the Partnership Program.

d. Review and evaluate authority related to the Partnership Program operations in the Military Departments.

2. The Surgeons General of the Military Departments shall provide the authority to implement the Partnership Program based on prior approval of their Military Department Secretary.

3. The Director, Office of the Civilian Health and Medical Program of the Uniformed Services, subject to the direction of the Assistant Secretary of Defense (Health Affairs), shall:

a. Promulgate and manage benefit and financial policy issues related to the Partnership Program.

b. Develop a program evaluation process to ensure that the Partnership Program accomplishes the purpose for which it was developed.

c. Provide support for implementation of this Instruction consistent with DoD Instruction 6010.8, reference (b).

d. Provide such information as may be available, upon request, on the use and costs of health care services in a specific geographic area.

e. Develop and provide model partnership agreements to contain terms, conditions and procedures of the partnerships.

4. The Commanders of Military Medical Treatment Facilities, shall:

a. Analyze potential applications of the Partnership Program (including both internal and external partnership agreements) on a case-by-case basis and make a determination prior to entering into each partnership agreement that all of the following criteria are met in that case:

(1) Use of the Partnership Program will meet a need for health care services that is not adequately being met by, and cannot be met with, existing MTF resources.

(2) Use of the Partnership Program is more economical to the Government than referring the need for health care services to the civilian community under the normal operation of the CHAMPUS program.

(3) Use of the Partnership Program is consistent with the mission of the MTF.

(4) Use of the Partnership Program is consistent with high standards of quality health care established for military treatment facilities.

b. In applying the criteria listed in paragraph E.4.a., above, take into account the following points of consideration:

(1) In verifying an unmet need for health care services, consider appointment waiting times, number of Nonavailability Statements issued for a particular service, CHAMPUS use in the area, and other pertinent factors.

(2) In reviewing cost impacts, make a comparison between CHAMPUS costs for that health care service in the community without use of the Partnership Program and providing the service through the Partnership Program. This comparison should take into account the extent, if at all, that the provider in an internal agreement will be supported by his or her own personnel and other resources under his or her direct control and supervision, and in external agreements, the provider fees which would otherwise be applicable under the regular CHAMPUS program.

(3) Ensure that the agreement does not compromise the mission of the facility, and that the health care resources to be provided are consistent with the health care resources to be provided are consistent with the level and type of health care resources generally provided by the MTF.

(4) Review the capability of the facility's credentialing process and quality assurance program to determine whether they are sufficient to monitor the partnership agreement, and consider both the nature and the number of such agreements for the facility.

c. Ensure that all liability issues relating to the Partnership Program are properly addressed and ensure that the participating civilian health care providers

have sufficient liability insurance coverage to protect OCHAMPUS beneficiaries as well as the government.

d. Provide quality assurance controls through the medical staff appointment and reappointment procedures, the specific delineation of clinical privileges, periodic in-depth health care provider review and appraisal, and the stipulation that participating civilian health care providers adhere to MTF instructions and medical staff bylaws to the same extent required of Military Department health care providers. The usual Service Procedures will be used to ensure notification of the Federation of State Medical Boards, the National Data Bank, and OCHAMPUS of those practitioners who have had their clinical privileges limited, suspended, or revoked while a participant in the Partnership Program (DoD Directive 6000.7, reference (c)).

e. Ensure that health care services provided CHAMPUS beneficiaries under the terms of the Partnership Program are consistent with the CHAMPUS range of benefits outlined in current DoD Directives and OCHAMPUS operating policies (DoD Directive 6010.8 and DoD 6010.8-R, references (b) and (d)). Services other than authorized CHAMPUS benefits may be provided in the MTF upon approval of the MTF Commander, in which case the MTF will be responsible for paying the health care provider's charges.

f. Ensure that providers who are potential participators in the Partnership Program are given fair selection opportunities to participate in the program through appropriate notification of opportunities, such as notice to local medical and professional societies, and objective selection standards.

g. Require participating health care personnel to the extent practical to use MTF health care resources, that is, specialty consultants, ancillary services, equipment, and supplies, when such resources are available.

h. Assist in providing appropriate administrative support as necessary to expedite participating health care personnel reimbursements, but not in violation of the prohibition against a Government employee acting as a representative for a claimant against the Government as provided for in 18 U.S.C. 203, 205, reference (h).

i. Encourage beneficiaries to use the services available under partnership agreements rather than those available through the regular CHAMPUS program for care that, in the absence of the Partnership Program, would require issuance of a Nonavailability Statement.

j. Compute charges for beneficiaries under the internal partnership agreement (not under external partnership agreements) as charges are computed for MTF care services (10 U.S.C. 1096(c), reference (e)).

k. Ensure that the participating civilian providers:

(1) Meet the licensing and privileging requirements of the MTF with an internal agreement (DoD Directives 6025.4 and 6025.6, references (f) and (g)).

(2) Agree to comply with all rules and procedures of the MTF.

(3) Provide full professional liability insurance covering acts or omission of such health care provider, as well as those of support personnel, not covered by 10 U.S.C. 1089, and other resources supporting that provider to the same extent as is usual and customary in civilian practice in the community.

(4) Qualify as an authorized CHAMPUS provider under Dod 6010.8-R, reference (d).

F. PROCEDURES

1. Before a partnership agreement may be executed and implemented, the commander of the military medical facility involved shall submit the proposed agreement to the Director, OCHAMPUS, or designee, and the Surgeon General of the appropriate Military Department, or designee. The agreement shall be effective in accordance with its terms on the 30th calendar day, after the Director, OCHAMPUS and the Surgeon General receive it. If the agreement is disapproved, a written statement of reasons for disapproval shall be sent to both the military facility involved and either the Surgeon General or OCHAMPUS, whichever is appropriate. Disapproval by either the Surgeon General or OCHAMPUS shall constitute disapproval.

2. A partnership agreement may contain a provision to provide for supplemental care money to be paid to health care providers for active duty care and for other non-CHAMPUS beneficiary cooperative care.

3. A partnership agreement shall not last longer than 2 years with an option to renew for a 2 year period based upon mutual agreement between the military treatment facility and the civilian provider and may be renewed on its expiration in the same manner as new partnership agreements are established.


4. Notification must be made to providers with existing agreements under the Joint Health Benefits Delivery Program (JHBDP) of the Partnership Program and the need to convert the agreement. The converted agreement will be valid upon the signature of the civilian provider and the military medical commander for the duration of the JHBDP agreement. Beginning January 1, 1988, all agreements made under the JHBDP not then converted to partnership agreements shall be deemed to be partnership agreements for the purposes of this Instruction.

G. INFORMATION REQUIREMENTS

The MTF Commander shall provide semi-annual reports to the major medical command for consolidation to the Surgeon General of the appropriate Military Department and to the Director, OCHAMPUS. The reports shall include information on the numbers of partnership agreements in place, new agreements and expired ones during that period, the medical service discipline or provider category associated with the agreement, and an explanation of charges billed under the program. These reports will be due the last working day of June and September of each year.

H. EFFECTIVE DATE AND IMPLEMENTATION

This Instruction is effective immediately. Forward one copy of implementing documents to the ASsistant Secretary of Defense (Health Affairs) within 120 days.


William Mayer, M.D.
Assistant Secretary of Defense
(Health Affairs)

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1. References
2. Definitions
3. Internal Partnership Agreement Model
4. External Partnership Agreement Model

REFERENCES, continued

- (e) Title 10, United States Code, Sections 1089, 1096
- (f) DoD Directive 6025.4, "Credentialing of Health Care Provider,"
February 11, 1985.
- (g) DoD Directive 6025.6, "Licensure of DoD Health Care Providers,"
July 18, 1985
- (h) Title 18, United States Code, Sections 203, 205